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of the **Northern District Of Illinois Western Division**

Trustee's Final Report

In Re: JOHN G. OHERN & LINDSAY S. OHERN

315 S. 4TH STREET KIRKLAND, IL 60146 Case Number: 04-75869

SSN-xxx-xx-9519 & xxx-xx-4837

Case filed on: 11/24/2004 Plan Confirmed on: 3/18/2005

P Discharged Paid Out

Detail of Disbursements below: Total funds received and disbursed pursuant to the plan: \$76,640.00

Claim # 772	Name of the Claimant CLERK OF U.S. BANKRUPTCY COURT Total Administration	Claimed by the Creditor 0.00 0.00	Allowed by the Court 0.00 0.00	Principal Paid 0.00 0.00	Interest Paid 0.00 0.00
002	GUARANTY BANK/GN MORTGAGE Total Continue	0.00 0.00	0.00 0.00	42,348.63 42,348.63	0.00 0.00
000	LAW OFFICES OF PETER FRANCIS GERACI Total Legal	2,700.00 2,700.00	2,700.00 2,700.00	2,700.00 2,700.00	0.00 0.00
021	CODILIS & ASSOCIATES P C Total Legal	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00
998	JOHN G. OHERN Total Debtor Refund	0.00 0.00	0.00 0.00	20.00 20.00	0.00 0.00
001 003 023	AMCORE BANK NATIONAL CITY BANK GUARANTY BANK/GN MORTGAGE Total Secured	17,460.00 1,300.00 933.70 19,693.70	17,185.49 1,300.00 933.70 19,419.19	17,185.49 1,300.00 933.70 19,419.19	2,066.80 154.23 0.00 2,221.03
001 004 005 006 007 008 009 010 011 012 013 014 015 016 017 018 019 020 022	AMCORE BANK LVNV FUNDING LLC BENEFICIAL CAPITAL ONE CAPITAL ONE CAPITAL ONE RESURGENT CAPITAL SERVICES DEKALB CLINIC CHARTERED GE SELECT / GE CARD SERVICES H&R ACCOUNTS, INC. ILLINOIS COLLECTION SERVICE ECAST SETTLEMENT CORPORATION KISHWAUKEE COMMUNITY HOSPITAL MUTUAL MANAGEMENT SERVICES ROCKFORD HEALTH SYSTEMS/ SUSAN NEALE TRUSTMARK RECOVERY SERVICES TRUSTMARK RECOVERY SERVICES ECAST SETTLEMENT CORPORATION Total Unsecured	1,268.18 7,669.35 0.00 0.00 0.00 0.00 4,861.71 0.00 0.00 0.00 0.00 672.76 0.00 0.00 115.00 0.00 0.00 0.00 8,182.68 22,769.68	0.00 7,669.35 0.00 0.00 0.00 0.00 4,861.71 0.00 0.00 0.00 672.76 0.00 0.00 115.00 0.00 0.00 0.00 8,182.68 21,501.50	0.00 2,755.58 0.00 0.00 0.00 0.00 1,746.79 0.00 0.00 0.00 241.72 0.00 0.00 41.32 0.00 0.00 0.00 2,940.01 7,725.42	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
	Grand Total:	45,163.38	43,620.69	72,213.24	2,221.03

Total Paid Claimant: \$74,434.27 Trustee Allowance: \$2,205.73 Percent Paid Unsecured: 35.93

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liablility on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

<u>/s/ Lydia S. Meyer</u> Lydia S. Meyer, Trustee

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Northern District Of Illinois

Western Division

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 10/30/2008

By /s/Heather M. Fagan